

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



June 18, 1999

ALL COUNTY LETTER NO. 99-44

REASON FOR THIS TRANSMITTAL

- ☒ [X] State Law Change
- ☐ [] Federal Law or Regulation Change
- ☐ [] Court Order
- ☐ [] Clarification Requested by One or More Counties
- ☐ [] Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHILD WELFARE SERVICES
PROGRAM MANAGERS
ALL COUNTY FISCAL OFFICERS
CHIEF PROBATION OFFICERS

SUBJECT: SUPPORTIVE AND THERAPEUTIC OPTIONS PROGRAM (STOP)

REFERENCE: ACL 98-93, CFL 98/99-56 AND CFL 98/99-57

The purpose of this letter is to provide the format and guidelines for completion of the "Supportive and Therapeutic Options Program" Annual Report (Attachment I). The first report covers the period of January 1, 1999 through June 30, 1999 and is due no later than September 30, 1999. Subsequent reports will cover the State fiscal year and also be due no later than the following September 30th. Please submit reports to your Children's Services Operations consultant, 744 P Street, MS 19-90, Sacramento, California 95814.

We recognize that many counties may still be in the planning stage and not have fully implemented STOP during the period covered by the first report. As a result, these counties may have little or no data to report for this time period. Counties that have begun serving children under STOP must complete the Annual Report. Counties that have not yet begun to serve children must submit the Planning Report that provides information on proposed activities (Attachment 2).

The Annual Report addresses the extent to which the goals, objectives and activities stated in the County Agreement have been met, including: continuity of after care services for children/youth transitioning home; increased access to and utilization of the Early Periodic, Screening, Diagnosis and Treatment (EPSDT) program; and reduction in the length of stay in foster care.

If you have any questions, or require additional clarification, please contact your Children's Services Operations Consultant at (916) 445-2832.

Sincerely,

Original Document Signed By Del Sayles-Owen On 6/18/99

DEL SAYLES-OWEN, Acting Deputy Director
Children and Family Services Division

Attachments

c: County Welfare Directors Association
County Probation Officers of California
California Department of Mental Health

SUPPORTIVE AND THERAPEUTIC OPTIONS PROGRAM (STOP) ANNUAL REPORT

Due Date: September 30th

County Name: _____ Report Period: _____
 Name of Person Completing Report: _____
 Telephone Number of Above Person: _____

I. Numbers Served

For those children/youth served with STOP funds, please identify:

1. Number of Children Receiving "Aftercare" Services
 - a. Total unduplicated count of children age 0-18 served _____.
 - b. Total unduplicated count of children over the age 18 and up to age 19 served _____.
2. Number of Children Receiving "Prevention" Services:
 - a. Total unduplicated count of children age 0-18 served _____.
3. What type of living arrangement was the child/youth in at the time STOP funding **began**?
 - Group Home _____
 - Foster Family Home _____
 - Of those in Foster Family Homes, how many were under the umbrella of FFA? _____
 - At home (parent/relative) _____

II. Service Delivery

Please check (a) the services provided:

1. Services Provided to Children Receiving "Aftercare" Services:

Individual counseling	___	GED Preparation	___
Group Counseling	___	Day Treatment	___
Family Counseling	___	Vocational Skills Training	___
Respite Care	___	Recreational Services	___
Crises Response	___	Parent Education	___
Anger Management	___	Job Counseling	___
Tutoring	___	Transportation	___
Other Services (please list):	___	Medical/Dental	___

Please check (a) the services provided:

2. Services Provided to Children Receiving "Aftercare" Services:

Individual counseling	----	GED Preparation	----
Group Counseling	----	Day Treatment	----
Family Counseling	----	Vocational Skills Training	----
Respite Care	----	Recreational Services	----
Crises Response	----	Parent Education	----
Anger Management	----	Job Counseling	----
Tutoring	----	Transportation	----
Other Services (please list):	----	Medical/Dental	----

3. What barriers continue to be encountered in providing:

a) "aftercare" services?

b) "prevention" services?

III. Service Provider Information

1. Please indicate: (a) the total number of STOP service providers used in each listed category;
(b) of the total, the number that are Medi-Cal certified.

<i>Provider Type</i>	<i>(a)</i> <u>Total #</u> <u>Used</u>	<i>(b)</i> <u># Medi-Cal</u> <u>Certified</u>
Group Homes	----	----
Community-based Organizations	----	----
Mental Health	----	----
Schools	----	----
Day Treatment Facilities	----	----
Neighborhood Resource Centers	----	----
Recreational Facilities	----	----
Others (please list):	----	----

2. Please identify criteria your county is using to determine STOP success. Below is a **suggested** format for providing this information.

<i>Proposed Outcomes</i>	<i>Outcome Indicators</i>
Continuity of care	Number of providers staying with an eligible child/youth from before STOP to during STOP
Prevent children from reentering foster care	Number of children who reentered foster care after 3 months of STOP services, 6 months, etc.
Children maintained safely at home	Reduce length of stay in foster care
*continue according to your county's outcomes	

IV. Maximization of Funding

1. Collaborative Partnerships
 - a. Are you working in collaborative partnerships? yes___ no___
 - b. Does collaboration help you utilize:
 - i. EPSDT yes___ no___
 - ii. Title XX yes___ no___
 - iii. Rehabilitation Option yes___ no___
 - iv. Probation Challenge Grants yes___ no___
 - v. Healthy Families yes___ no___

2. Please describe how your county determines the child's/family's eligibility for STOP services (i.e., ensuring other funding sources are not available such as Medic-Cal)?

3. Please describe STOP efforts made for the purpose of:
 - a. Increasing access to EPSDT services.

 - b. Increasing utilization of EPSDT services.

4. Please describe the impact of increased access and utilization of EPSDT services on outcomes for STOP children/youth.

**SUPPORTIVE AND THERAPEUTIC OPTIONS PROGRAM (STOP)
ANNUAL REPORT
Appendix A**

Complete only for the First Annual Report

Program Description

1. Please provide an overall description of your Supportive and Therapeutic Options Program, including:
 - (a) Who participated in the planning process?
 - (b) What population is being served and why the population was selected?
 - (c) When did your county begin implementing STOP?
 - (d) How are services being provided (e.g., through agreement with other county agencies, contracts with private or community-based service providers, etc.)?

SUPPORTIVE AND THERAPEUTIC OPTIONS PROGRAM (STOP)

Planning Report

Due Date: September 30th

County Name: _____ Report Period: _____
Name of Person Completing Report: _____
Telephone Number of Above Person: _____

Projection of Numbers to be Served

1. Please identify the projected number of children to be served in each STOP category:

Prevention Services _____
Aftercare Services _____

2. For those children/youth who would receive aftercare services, please identify the projected percent of children to be served in each age category:

Age 0-18 _____
Over age 18 and up to age 19 _____

Collaborative Partnerships

Please identify all STOP collaborative partnerships and their roles/responsibilities with regard to the delivery of STOP services:

Planning Process

Please describe STOP planning process efforts to date, including identification of needed services and the service providers:

Program Description

1. Please provide an overall description of your proposed Supportive and Therapeutic Options Program.
2. Please identify outcomes your county will use to measure STOP success.

Funding Maximization

Please describe plans to assure that STOP funds supplement and do not supplant other sources of funding: